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PTO/SB/80 (01-06)

Approved for use through 12/31/2008. OMB 0651-0035
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55962

OR

Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):

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Assignee Name and Address:

St. Jude Medical, Atrial Fibrillation Division, Inc.
14901 DeVeau Place
Minnetonka, MN 55345-2126

A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.

SIGNATURE of Assignee of Record

The individual whose signature and title is supplied below is authorized to act on behalf of the assignee

Signature	Jane J. Song	Date	11/8/07
Name	Jane J. Song	Telephone	(952) 933-4700
Title	President		

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